

Licensing and Certification Application Letters and Checklist

Health Facility
<ul style="list-style-type: none"> • Clinic Facility Application Request Letter and Checklist • Home Health Agency Application Request Letter and Checklist • Intermediate Care Facility for the Developmentally Disabled Facility Application Request Letter and Checklist • Management Company Application Request Letter and Checklist • Skilled Nursing Facility Application Request Letter and Checklist
Healthcare Professional
<ul style="list-style-type: none"> • Frequently Asked Questions--About Becoming a Nursing Home Administrator • Nursing Home Administrator Program--2008 Dates to Remember Flyer • Nursing Home Administrator Examination Instruction--2008

All Licensing and Certification Forms

Form Number	Form Title
BC 11-8016	Request for Live Scan Service <ul style="list-style-type: none"> • Sample Form for Licensee, Administrators, Adult Day Health Care, and Direct Care staff of ICFDD, ICFDDN, ICFDDH Facilities • Sample Form for certification of Nurse Assistants or Home Health Aids
CDPH 241	Application for Cardiovascular Surgery Service
CDPH 242	Application for Chronic Dialysis Service
CDPH 243	Application for Dental Service
CDPH 245	Application for Nuclear Medicine Service
CDPH 246	Application for Outpatient Service
CDPH 247	Application for Pediatric Service
CDPH 248	Application for Perinatal Unit
CDPH 249	Application for Podiatric Service
CDPH 250	Application for Psychiatric Unit
CDPH 251	Application for Radiation Therapy Service
CDPH 252	Application for Renal Transplant Center
CDPH 253	Application for Respiratory Care Service
CDPH 255	Application for Social Service
CDPH 256	Application for Social Service Standby Emergency Medical Service, Physician on Call
CDPH 257	Application for Basic Emergency Medical Service, Physician on Duty

Form Number	Form Title
<u>CDPH 258</u>	Application for Comprehensive Emergency Medical Service
<u>CDPH 259</u>	Application for Rehabilitation Center
<u>CDPH 260</u>	Application for Occupational Therapy Service
<u>CDPH 261</u>	Application for Physical Therapy Service
<u>CDPH 262</u>	Application for Speech Pathology and/or Audiology Service
<u>CDPH 263</u>	Application for Acute Respiratory Care Service
<u>CDPH 264</u>	Application for Burn Center
<u>CDPH 265</u>	Application for Coronary Care Service
<u>CDPH 266</u>	Application for Intensive Care Newborn Nursery Service
<u>CDPH 267</u>	Application for Intensive Care Service
<u>CDPH 268</u>	Application for Supplemental Services Approval
<u>CDPH 414</u>	Application for Health Facility Change of Location
<u>CDPH 500</u>	AIT Application for Nursing Home Administrator State Exam and License
<u>CDPH 501</u>	Administrator in Training (AIT) Evaluation Report
<u>CDPH 502</u>	Application for AIT Program
<u>CDPH 503</u>	Application for Nursing Home Administrator State Examination
<u>CDPH 504</u>	Application for Nursing Home Administrator State Examination and License
<u>CDPH 505</u>	Application for Nursing Home Administrator National Examination
<u>CDPH 506</u>	Application for Nursing Home Administrator License
<u>CDPH 507</u>	Application to Become an Administrator-in-Training (AIT)
<u>CDPH 508</u>	Application to Become a Provider of Continue Education
<u>CDPH 509</u>	Continuing Education Course Completed for Active License Renewal
<u>CDPH 510</u>	Declaration and Request for Replacement License
<u>CDPH 511</u>	Instructor Application for C. E. Credit
<u>CDPH 512</u>	License Renewal Affidavit for Nursing Home Administrators
<u>CDPH 513</u>	Licensee's Request for Course Approval
<u>CDPH 514</u>	NHA/Facility Profile Sheet
<u>CDPH 515</u>	Preceptor Continuing Education Credit Application
<u>CDPH 516</u>	NHAP Preceptor Training Registration Form
<u>CDPH 517</u>	Provider Request for Course Approvals for Seminars, Workshops, and Conferences
<u>CDPH 518</u>	Provider Request for Course Approval
<u>CDPH 519</u>	Provider Request for Course Renewal
<u>CDPH 520</u>	Re-Examination Application for Nursing Home Administrator State Examination

Form Number	Form Title
<u>CDPH 521</u>	Re-Examination Application for Nursing Home Administrator National Examination
<u>CDPH 522</u>	Request for Provider Renewal
<u>CDPH 523</u>	Special Accommodation Request for Examination
<u>CDPH 524</u>	Master's or Reciprocity Application for Nursing Home Administrator Examination
<u>CDPH 525</u>	Application for Provisional License
<u>CDPH 526</u>	Frequently Asked Questions (About Becoming a Nursing Home Administrator)
<u>CDPH 527</u>	Nursing Home Administrator Examination Instructions
<u>CDPH 709</u>	Client Accommodations Analysis
<u>CDPH 930</u>	Request for Adult Day Health Care (ADHC) Center Moratorium Exemption
<u>CDPH 931</u>	Verification of Current Nurse Assistant Certification
<u>CDPH 5000</u>	Program Flexibility
<u>CMS 1561</u>	Health Insurance Benefit Agreement
<u>CMS 1561A</u>	Health Insurance Benefit Agreement (Rural Health Clinics)
<u>CMS 1572 (a)(b)</u>	Home Health Agency Survey and Deficiencies Report
<u>CMS 29</u>	Instructions for Completing Request to Establish Eligibility to Participate in the Health Insurance for the Aged and Disabled Program to Provide Rural Health Clinic Services
<u>CMS 3070 G</u>	Intermediate Care Facility for Persons with Mental Retardation Survey Report
<u>CMS 671</u>	LTC Facility Application for Medicare and Medi-Cal
<u>CMS 855A</u>	Medicare Enrollment Application
<u>DHCS 1051</u>	Civil Rights Compliance Review
<u>HHS 690</u>	Assurance of Compliance
<u>HS 0929</u>	CNA/HHA/CHT--Request to Change Address and/or Name
<u>HS 112</u>	Consultation Request
<u>HS 183</u>	Home Health Aide (HHA) Certification List
<u>HS 192</u>	Application for Initial or Renewal Approval as a Continuing Education Provider
<u>HS 200</u>	Licensure & Certification Application
<u>HS 215A</u>	Applicant Individual Information
<u>HS 269</u>	Application for Medi-Cal Certification as a Primary Care Clinic Provider
<u>HS 276</u>	Nurse Assistant Certification Training Program Application
<u>HS 276 A</u>	Sample Form (May be used by provider) Nurse Assistant Training Program Skills Checklist
<u>HS 276 B</u>	Daily Nurse Assistant Training Program Schedule <u>HS 276 B-SAMPLE</u>
<u>HS 276 C</u>	Nurse Assistant Certification Training Program Individual Student Record Skills Checklist

Form Number	Form Title
<u>HS 276 D</u>	Disclosure of Ownership and Control Interest Statement
<u>HS 278 A</u>	Nurse Assistant Orientation Program Content
<u>HS 278 B</u>	In-Service Training Program
<u>HS 279</u>	Director of Staff Development/Instructor Application
<u>HS 283 A</u>	Certified Nurse Assistant In-Service Training/Continuing Education
<u>HS 283 B</u>	Nurse Assistant and/or Home Health Aide Initial Application
<u>HS 283 C</u>	Nurse Assistant and/or Home Health Aide Renewal Application
<u>HS 283 F</u>	Certified Hemodialysis Technician
<u>HS 283 H</u>	Certified Home Health Aide In-Service Training/Continuing Education
<u>HS 283 I</u>	Transmittal for Criminal Background Clearance Initial / Renewal Application
<u>HS 309</u>	Administrative Organization
<u>HS 318</u>	CNA/HHA Report of Misconduct
<u>HS 322</u>	Transmittal Application for Criminal Background Investigation
<u>HS 325</u>	Criminal Record Clearance Submission
<u>HS 328</u>	Notice - Effective Date of Provider Agreement
<u>HS 400</u>	Affidavit Regarding Patient Money
<u>HS 402</u>	Surety Bond Verification
<u>HS 403</u>	Financial Statement
<u>HS 602</u>	Transfer Agreement Between
<u>HS 609</u>	Bed or Service Request
<u>MC 803</u>	Medi-Cal Provider Data Form
<u>PM 284 (Eng/SP)</u>	Sterilization Consent Form (Non-Federally Funded)
<u>STD 850</u>	Fire Safety Inspection Request